

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90068 023 \*\*\*\*61.25

<b>DOCUMENT # N97000005323</b>					
<b>1. Entity Name</b> EDGEWATER AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> MGMT SERVICES OF SW GULF BREEZE FL LLC 27725 OLD 41, 104 BONITA SPRINGS, FL 34135			<b>Mailing Address</b> MGMT SERVICES OF SW GULF BREEZE FL LLC 27725 OLD 41, 104 BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business</b> <i>Gulf Breeze Management Services of SW FL, LLC</i>					
<b>3. Mailing Address</b> <i>Gulf Breeze Management Services of SW FL, LLC</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3469451	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WEIDNER, RALPH L GULF BREEZE MGMT SERVICES OF SW FL, LLC 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIMMER, ROBERT J 21301 PELICAN SOUND DRIVE, # 203 ESTERO, FL 33928	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHRISTINA, ALTIERI 21301 PELICAN SOUND DRIVE, #201 ESTERO, FL 33928	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAASE, JUDY 21251 PELICAN SOUND DRIVE, #103 ESTERO, FL 33928	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Judy A. Haase</i>		Judy A. Haase		3/12/05    (239) 498-4418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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